

Title: Weaving HIV Services and Reproductive Health Care in a Public Health Setting

Organization: Division of Early Childhood, Youth and Women's Health, Philadelphia, PA

Lead Author: Abike James, MD, MPH

Additional Authors: Marjorie Angert, DO, MPH; Rashidah Abdul-Khabeer, RN, MHS; Kimberlee Wilson, MPH; Diane Gatson

Topical Issues of Focus: Successful collaborations between programs to prevent perinatal HIV

Background/Objectives

This project was developed in response to the perceived need for integration of HIV services at the Philadelphia Health Centers. Prior to the inception of this project, HIV services for reproductive- aged women at the Health Centers were fragmented, making it difficult to assure continuity of care. Contracted prenatal care providers therefore were more comfortable referring HIV positive patients out of the Health Centers. The goal of this pilot project was to provide an integrated array of HIV and reproductive health services to reproductive aged women seeking care at Health Center (HC) #6. Specific priorities identified included:

- Onsite comprehensive HIV management for HIV positive women, including referrals to gynecology and family planning as needed.
- Improved pap/breast exam rates and improved adherence to treatment regimens.
- Retention of newly diagnosed HIV positive prenatal patients within the health center system.
- Increased rates of HIV testing/counseling for women attending prenatal, family planning, and gynecology clinics.
- Provision of pediatric care to newborns with perinatal HIV exposure.

Methods

This project is the result of collaboration amongst several entities including the Division of Early Childhood Youth and Women's Health (DECYWH); Department of Public Health; AIDS Activities Coordinating Office (AAO); Department of Public Health; Circle of Care, Title IV grantee; HIV specialists and health center staff at Health Care Center # 6; PA mid-Atlantic Education Training Center.

The approach developed and implemented was as follows:

- Recognition of the problem.
- Identification of elements/administrative support needed to address the problem at an upper management level within an appropriate pilot site.
- Review of services available at targeted location.

- Identification of gaps in current services and collaborative formation and implementation of solutions.
- Organization of additional training services for the staff employed at the clinic.

The program is being evaluated in a number of ways including:

- Qualitative data: Interviews with providers regarding success of program; process evaluation.
- Quantitative data: Encounter form data for Health Department and Patient Visit Abstract data from Family Planning Council. CAREware data on individual health centers. WATS data. HCMIS data.

Results

Qualitative data

Interviews and results of process evaluation have demonstrated the following major accomplishments:

- Successful collaboration of multiple organizations towards a common goal.
- Two nurse practitioners and one gynecologist at HC #6 received additional educational training in management of HIV positive women through the PA mid-Atlantic Education Training Center
- A bilingual peer counselor from the Circle of Care has been present at every HIV session at HC #6 and has been instrumental in linking patients to necessary services and encouraging adherence with treatment regimens and appointments.
- MANNA nutritional services available to our HIV positive patients at each clinic visit.

Quantitative data

- Approximately 45 women were seen at HC #6 in calendar year 2002; 56% were of reproductive age.
- An increase in adherence to HAART regimen, among women attending HIV clinic at HC#6, was seen from year 2001 (57%) to year 2002 (72%).
- One newly diagnosed HIV positive, pregnant patient initiated care in the health center system, but was referred out.
- 1766 women attending family planning clinic received HIV counseling in 2001; 1586 (90%) accepted the test, with an HIV positive rate of 2.1%. In 2002, 1470 women received counseling; 1319 (90%) accepted testing with an HIV positive rate of 2.1%.

Conclusions

This project has been successful in a number of ways as evidenced above. In particular, we have created an easily replicated model, which integrates services while utilizing existing resources. The consensus is that the project is working well. In fact, a second site has been identified and plans are underway to replicate the project. The major secret to our success has been involvement of key elements early in the process, thereby ensuring buy in. If the right people are involved, most barriers can be overcome. The important lesson learned is in reference to data collection/evaluation. We are having a difficult time collecting data retrospectively that quantitatively assesses

the success of the program. It would have been helpful to have developed a data assessment tool prior to the inception of the program. In lieu of this, we are using existing data sources to gather information. The next step in evaluation is to determine kept appointment rates and referral rates. The greatest challenge continues to be the resistance to change in the model of service delivery. In particular, some prenatal health care providers appear uncomfortable providing sustained care to HIV positive women in the Health Center system. Despite early involvement of the prenatal health care providers in the process, these challenges have not yet been overcome. Nevertheless, we feel confident that through additional education, and as the success of the project continues, we will see improvements in this area.